



DEPARTMENT OF PLANNING AND DEVELOPMENT REVIEW
 BUREAU OF PERMITS AND INSPECTION
 ROOM 110 CITY HALL
 900 E. BROAD STREET
 RICHMOND, VIRGINIA 23219
 PHONE (804) 646-4169
 FAX (804) 646-1569

CERTIFICATE OF OCCUPANCY APPLICATION

PERMIT NO. H
PROJECT NO. B

TRACK 1	TRACK 2
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THIS IS AN APPLICATION ONLY. IT IS NOT AUTHORIZATION FOR USE OF PREMISE. NO USE SHALL START UNTIL A CERTIFICATE IS ISSUED.

OWNER'S INFORMATION	1 JOB/PROPERTY ADDRESS (STREET & NUMBER)	2 FLOOR/ROOM NO.
	3 PROPERTY OWNER'S NAME (PRINT CLEARLY)	
	4 PROPERTY OWNER'S ADDRESS/ZIP	
	5 PROPERTY OWNER'S DAYTIME TELEPHONE NO.	
	6 DESCRIBE CURRENT STRUCTURE USE (IN DETAIL) IF CURRENTLY VACANT, INDICATE LAST USE & YEAR IT WAS LAST USED.	
	7 DESCRIBE PROPOSED STRUCTURE USE (IN DETAIL)	

OFFICE USE ONLY (CHECK ONE)	8 OWNERSHIP CHANGE <input type="checkbox"/>	TENANT CHANGE <input type="checkbox"/>	PARTIAL C.O. <input type="checkbox"/>	TEMP C.O. <input type="checkbox"/>	OTHER
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RESIDENTIAL USES	<input type="checkbox"/> ONE FAMILY	COMMERCIAL/INDUSTRIAL USES	<input type="checkbox"/> RESTAURANT, SIT-DOWN	<input type="checkbox"/> DAY NURSERY
	<input type="checkbox"/> TWO FAMILY		<input type="checkbox"/> RESTAURANT, DRIVE-THRU/TAKE-OUT	NO. OF CHILDREN _____
<input type="checkbox"/> THREE OR MORE FAMILY	NO. OF UNITS _____	<input type="checkbox"/> NIGHT CLUB	NO. OF STAFF _____	<input type="checkbox"/> ADULT DAY CARE
<input type="checkbox"/> LODGING HOUSE	NO. OF ROOMS _____	<input type="checkbox"/> RETAIL STORE	<input type="checkbox"/> GROCERY/CONVENIENCE STORE	<input type="checkbox"/> SHELTER/SOCIAL SERVICE DELIVERY
<input type="checkbox"/> NURSING HOME	NO. OF PERSONS _____	<input type="checkbox"/> FURNITURE STORE	<input type="checkbox"/> HARDWARE OR APPLIANCE STORE	NO. OF ROOMS _____
<input type="checkbox"/> ADULT CARE RESIDENCE	NO. OF BEDS _____	<input type="checkbox"/> SHOPPING CENTER	<input type="checkbox"/> CLINIC (MEDICAL/DENTAL)	NO. OF PERSONS _____
<input type="checkbox"/> GROUP HOMES	NO. OF ROOMS _____	<input type="checkbox"/> BANK	<input type="checkbox"/> BEAUTY/BARBER SHOP	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> OTHER (SPECIFY): _____	NO. OF PERSONS _____	<input type="checkbox"/> LAUNDRY/DRY CLEANER/LAUNDROMAT	<input type="checkbox"/> REPAIR SHOP	<input type="checkbox"/> SERVICE STATION
	NO. OF COUNSELORS _____	<input type="checkbox"/> OFFICE	WHAT TYPE _____	<input type="checkbox"/> MOTOR VEHICLE REPAIR/SALES
		<input type="checkbox"/> CHURCH	NO. OF SEATS _____	<input type="checkbox"/> MANUFACTURING FACILITY
				NO. OF EMPLOYEES _____
				<input type="checkbox"/> WAREHOUSE/STORAGE FACILITY
				NO. OF EMPLOYEES _____
				NO. OF COMPANY VEHICLES _____
				<input type="checkbox"/> OTHER (SPECIFY): _____

11 SQUARE FOOTAGE TO BE USED _____ SQUARE FEET	12 DESIRED OCCUPANT LOAD PER FLOOR _____	13 ARE FLOOR PLANS ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS A SITE PLAN ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	14 NO. OF ON-SITE PARKING SPACES _____ PARKING SPACES	15 ARE PARKING SPACES LEASED OFF-SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH LEASE & SITE PLAN _____ PARKING SPACES
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16 APPLICANT'S NAME (PRINT CLEARLY)	17 BUSINESS AND/OR TRADE NAME	
18 APPLICANT'S ADDRESS	ZIP CODE	
19 APPLICANT'S DAYTIME PHONE NO.	20 APPLICANT'S FAX NO.	21 APPLICANT'S EMAIL
22 APPLICANT'S SIGNATURE		
23 CONTACT PERSON (IF DIFFERENT THAN APPLICANT)		24 CONTACT PERSON DAYTIME PHONE NO.
25 CONTACT PERSON ADDRESS		ZIP CODE
26 DO YOU WANT TO BE CALLED TO PICK UP PERMIT WHEN ISSUED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME _____ PHONE NO. _____

ARTS DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO	HISTORICAL DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO	VIOLATION ON PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	VIOLATION NO.	CORRESPONDING CO
DELINQUENT TAXES DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT OWED \$	DATE PAID		
EXISTING USE GROUP	PROPOSED USE GROUP	PERMIT FEE	FEE RECEIVED	RECEIPT NO. <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD
CHESAPEAKE BAY PROTECTION AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHESAPEAKE BAY MANAGEMENT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
APPLICATION APPROVED ON _____ DATE		APPLICATION DISAPPROVED ON _____ DATE		
CONDITIONS CODE ENFORCEMENT ADMINISTRATOR		REASON FOR DENIAL CODE ENFORCEMENT ADMINISTRATOR		

FEE SCHEDULE

Certificate of Occupancy, including Temporary and Partial is \$263.00

Reprinting of Certificate of Occupancy is \$32.00

RECORD OF ACTUAL FINAL ON-SITE CONDITIONS

FOR OFFICE USE ONLY	AGENCY REVIEW ITEM DESCRIPTION	AGENCY	APPROVAL NUMBER	ACTION TAKEN	REVIEWER & DATE	COMMENTS
	DISTRICT/SUP/CUP/ MASTERPLAN/ NONCONFORMING	ZONING				
	PLAN OF DEVELOPMENT	LAND USE				
	HISTORIC APPROVAL/ URBAN DESIGN	COMPREHENSIVE				
	ROAD ACCESS	DPW				
	CHESAPEAKE BAY	P & E S				
	FIRE MARSHALL	FIRE				
	HEALTH	HEALTH				
	BUILDING/PROPERTY MAINTENANCE	PERMITS & INSPECTIONS				
	OTHER					

INSTRUCTIONS ON COMPLETING A CERTIFICATE OF OCCUPANCY (HCO) APPLICATION

At the top right hand corner of the application is a capital "H". In this space your permit number will be hand-written by intake personnel after you have paid the application fee. There is also a capital B, this is where you will write any building permit number that is associated with the HCO application.

Box #1 - Provide the address (number & street name) for the location of the use or business.

Box #2 - Provide the space within the building where the use or business is going to be located. (NOTE: *To be used on applications where more than a single tenant/space/apt. exists.*)

Box #3 - Provide the name of the owner of the property. (NOTE: *This may require the submittal of a recorded deed from the Circuit Court record room for newly purchased property.*)

Box #4 - Provide the property owner's address, including zip code.

Box #5 - Provide the property owner's daytime telephone number.

Box #6 - Indicate the current/existing use(s) of the property (i.e. - office, 2-family, restaurant, single-family, etc.)

Box #7 - Indicate the proposed use(s) of the property (i.e. - office, 2-family, restaurant, single-family, etc.)

Box #8 - OFFICE USE ONLY

Box #9-10 - Check the appropriate box that most closely indicates the use, including any additional information (i.e. - no. of units, no. of seats, type, etc.) requested.

Box #11 - Provide the size of the space (in square feet) being used/occupied by the applicant.

Box #12 - Provide the desired occupant load, if for more than one floor state the occupant load you want for each floor.

Box #13 - Check the appropriate box indicating if floor or site plans are provided, as applicable.

Box #14 - Provide the number of parking spaces existing **ON** the site. (NOTE: *Do not include spaces provided off of the site, either on-the-street spaces or leased spaces.*)

Box #15 - Check the appropriate box, as applicable, regarding leased parking spaces and include a lease and site plan for the leased spaces

Box #16 - Provide the applicant's name requesting the permit.

Box #17 - Provide the business or trade name, if applicable. (NOTE: *This may require the filing of a trade name approval with the Circuit Court.*)

Box #18 - Provide the address of the applicant(s) where the permit is to be mailed.

Box #19 - Provide the applicant's daytime phone number in order that they may be contacted, if necessary.

Box #20 - Provide the applicant's facsimile (FAX) number (if exists) in order that they may be contacted, if necessary.

Box #21 - Provide the applicant's E-mail address (if exists) in order that they may be contacted, if necessary.

Box #22 - Provide the applicant's, or applicant's authorized agents, signature.

Box #23 - Provide the contact person's name, if different than the applicant.

Box #24 - Provide the contact person's daytime phone number, if different than the applicant.

Box #25 - Provide the contact person's complete address and zip code, if different than the applicant.